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HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

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A PLAN FOR CENTRALIZING SCHOOLS OF NURSING¹

BY ANNIE W. GOODRICH, R.N.

New York City

I AM only too well aware that my discussion of the subject assigned to me will disappoint many. Not only do I consider it impossible to present a practical detailed plan for a central school of nursing without an intimate knowledge of the exact locality in which the school is to be developed and all that locality offers, but I do not think that any effective plan of nursing education can be evolved except through some such preliminary programme of community education and coöperation as I propose to suggest.

The fundamental factors in the solution of the problem of the care of the sick in any given community are, I believe, as follows:

1. The awakening of the community to its responsibility for its health activities of which the School of Nursing is but one, although of far reaching importance.

2. A survey through which should be accurately determined—
(a) the health needs of the community; (b) the machinery as expressed in hospitals, dispensaries, health stations and the personnel required to most effectively meet these needs.

3. The relation of these institutions and organizations to each other and to other *community* activities, such as its educational institutions, industries and the like.

4. A budget based on a careful analysis of the cost of each activity in order that over-lapping may be avoided and that to each activity shall be allocated a just proportion of the monies for public service whether obtained through taxation or subscription.

Community Mobilization: By this I do not mean a programme which provides that a few individuals shall tell a large number about their health needs, but a mobilization of the entire community for a participation in its health activities as a business enterprise of paramount importance. "The healthy citizen is the nation's greatest economic asset" should be the slogan. This awakening will not be so difficult to effect as formerly, for various agencies have already embarked on the project—notably the Red Cross which has undertaken the development of health centers as a peace time activity.

¹ Read before the New York State Nurses' Association, Utica, October, 1921.

Survey: Concerning the survey we can say as we have said concerning the mobilization of the community that already a very definite contribution to a knowledge of any given community has been made. I refer to the Cleveland Health Survey, instituted by the Cleveland Hospital Council, financed by an appropriation from the community fund and achieved by a staff of experts under the direction of Dr. Haven Emerson, former Commissioner of Health of New York City. Says Dr. Emerson in his truly noble introduction:

Those of us who have shared in this study are perforce enthusiasts, if you will, fanatics, crusaders in what we believe is to prove the greatest contribution of this generation to the success of a representative and democratic social order; namely, civil and social organization for health. Neither forms of government nor systems of society will long endure unless the health, mental and physical, of the people is accepted as a matter of official and individual concern, in importance second only to the administration of justice, provision of education, liberty of speech and of religious observance.

No expression in terms of money equivalent of human labor, of this burden upon life, this deficit in happiness, adequately represents the true total, but even to the so-called practical man, that much abused man-in-the-street who is supposed to be merely a mechanical adding machine without sympathies, emotions or imagination, the figures are impressive.

The findings of this survey will, in the main, differ (as I know the State of New York) only as conditions in cities differ where the population varies from five million, as in New York, to thirteen thousand, as in Saratoga.

The ratio of infant deaths per 1,000 births, the incidence of tuberculosis, venereal disease, insanity and crime would not differ markedly, except as the amount of machinery needed in a given locality and the personnel directing it, would be affected by territory to be covered and the unit of population to be served. Infant mortality, for instance, is reported by the American Child Hygiene Society for Cleveland, in 1920, as 85 per 1,000 births; New York, 85; Utica, 82.

Community Activities: Obviously the school of nursing is established for the production of one of the agents and numerically the strongest that functions in the health field. No survey has been presented, no programme formulated that has not shown an inadequate number, a badly adjusted content of education, but above all, the importance of the part this particular worker has to play with the advent of preventive medicine. Our aim today is to prepare a nurse to function both educationally and remedially. To do this effectively, we must therefore (a) study the needs of the field in order to determine the content of that education; (b) know the sources from which we can expect to draw the supply of young women

needed; (c) provide the machinery through which this content of education can be obtained.

The Needs of the Field: I must again refer to the Cleveland Health Survey, and in doing so may I say that every person, whether on the teaching or administrative staff or a member of the board of a school of nursing, or of a hospital, should have this series of most important studies of the health problems and activities of a great city. I have already said that the survey of Cleveland would not materially differ from the survey of any city or town in New York State. The following quotations demonstrate this fact:

Expressed for the population of Cleveland and its suburbs, roughly a population of 1,000,000 within Cuyahoga County in 1920, and using the death and sick rates experience of 70 per cent of the total population of continental United States in 1916, and the sickness census in various cities, such as Pittsburgh, Boston and Rochester in recent years, as applicable to the experience in Cleveland in 1920, we must picture about 2 per cent of all the people all the time too sick to work or be up and about, from causes of which one-half are certainly preventable.

In 1919 the cost of illness and death from communicable diseases, alone, in Cleveland, based on the very conservative estimates of value of life and cost of sickness, burial, etc., used in a study in Illinois must have been not less than \$25,000,000. To this must be added, among other items, the cost of death and disease due to preventable, but non-communicable, forms of disease and the cost of \$200 a year for each insane person and \$160 a year for each feeble-minded person cared for in institutions.

Student Supply: I might further say that I can make no better recommendations concerning a central school than are presented in Part 9 of the Survey entitled, "Nursing." It is quite within the realm of possibility that in a state where are to be found so large a number of colleges and universities, coeducational or for women, as in the State of New York, the recommended connection between the schools of nursing and the university will come early and easily into existence. We have now a number of universities and schools in which this adjustment is actually being effected. The latest experiment is being developed in the City of Cleveland itself, where the Western Reserve is establishing the five-year course in connection with two or three of its schools of nursing.

The following statistics, which appeared in the *New York Times* recently relating to the young men and women who are finding it possible to obtain a university education, have a distinct bearing on this question of student supply:

Enrollments, surpassing all previous records, are reported by universities and colleges through the country. So startling, indeed, is this increase that 1921-22 will probably prove to be, from the point of view of numbers, the *annus mirabilis* of the world of higher education in the United States.

In New York City two universities, Columbia and the College of the City of

New York, have admitted this fall 32,000 students. This means that 2,000 more men and women are studying today in these two institutions than, during 1920-1921, attended all the ten universities of England. And in the principal institutions of higher or technical learning in New York City it is estimated that 70,000 students will work this year under the direction of 3,000 professors and instructors.¹

The time is approaching, the United States Bureau of Education believes, when there will be as many women as men enrolled in universities and other higher institutions of learning. Not only is this prediction supported by the fact that more girls than boys graduate annually from high schools, but figures compiled by the bureau during the last twenty-six years show that the number of college women has increased 156 per cent.²

There appear to be distributed well over the State of New York about twenty colleges and universities, coëducational or for women, in which may be found approximately 40,000 in the coëducational; and in the women's colleges,—14,000. There are pictures in one's mind of the physical proximity of colleges to hospitals and schools of nursing, and the aloofness of the students in the one from the students in the other and from the community itself. To again quote from the *New York Times*:

This brings up some old questions. What sort of man is an educated man? Should the emphasis be laid on the subject matter taught or the method of instruction? Should a university aim to be a microcosm of the world around it and college life approach a replica of life outside of college walls? Or was Lord Randolph Churchill uttering a profound pedagogic truth when, in speaking of Oxford as it was in his time, he thanked God that there still was a place where the sons of the educated and cultured "could go and, unvexed by the common herd, study nothing that was useful"?

If Lord Randolph Churchill's statement does not present a true conception of a college, and for this country above all others it certainly should not be, then it is hardly possible to conceive with our growing understanding of the importance of the community's health that the knowledge increasingly available through the sciences that are taking an ever more prominent place in the curricula of schools and colleges should not be brought to bear upon this most important factor in the community's well being. We shall, however, have to seek the coöperation of the community not only in arousing a sense of civic responsibility in the young women possessing this knowledge, but their interest in its practical application through the nursing field.

Curriculum: Fortunately, we do not have to discuss at great length, at this time certainly, the curriculum. We have both a state curriculum and a curriculum accepted by our National Association

¹ *New York Times*—Oct. 16, 1921, Greatest Rush to American Universities.

² *New York Times*—Sept. 26, 1921, Women Students Show Big Increase.

of Nurse Educators, in the main not differing the one from the other. We have easily available information as to the pre-nursing courses to which the would-be student in nursing should be directed in the high schools or the colleges. The preliminary course of from four to six months has now been generally accepted as imperative before the projection of the student into the actual participation of the sickness care itself which is so important and valuable a part of our professional training. The difficulties that lie in our way I personally do not believe relate to the unwillingness of educational institutions to open their doors to students of nursing nor to the lack of interest on the part of young women, so much as to our failure to grasp the important readjustments that must be brought about in order to provide the content of education demanded: (1) if the needs of the community are to be served; (2) if the course is to commend itself to young women seeking a profession; (3) above all, to make possible the correlation of the theory offered by the higher institutions of learning with the hospitals *not* which the schools of nursing *serve*, but which are or should be the *laboratories of the school*. As a matter of fact, however, the readjustments required in the main do not differ from the readjustments that are now being sought by schools and colleges on the one hand and the industries or business at large on the other.

The following excerpts from *Personnel Administration* by Tead & Metcalf bear out this statement. These writers are deeply concerned to make the changes in industries which we deem so essential to our own work. Their consideration of questions, such as the vacation period, the hours of duty, the payment of the students during the period of shop experience, and the centralization of the courses do not, as far as I can see it, differ at all.

The shipyard experience illustrates many of the most important points to be borne in mind in the organizing of a course of special training for employees. It emphasizes the need for the careful selection and training of teachers, and the qualities that make a successful instructor. It shows the rapidity with which effective educational schemes may be developed, and it indicates the value of small classes. Most interesting of all, however, is the suggestion that it gives for coöperation between factories and plants in other lines of work. It points the way for companies which feel they cannot support training classes alone, but could join with others in educational programs.

And again:

Learners should, of course, be paid while learning; and they must be paid enough to induce them to stay through the discouraging learning period. Many firms make the mistake of giving such nominal wages during the weeks of training that the turnover in this period is excessive. Training is at best a speculative investment for a firm; but the risks of losing the trained worker are reduced

if the importance of the investment is seen sufficiently to pay the price at the initial stages.

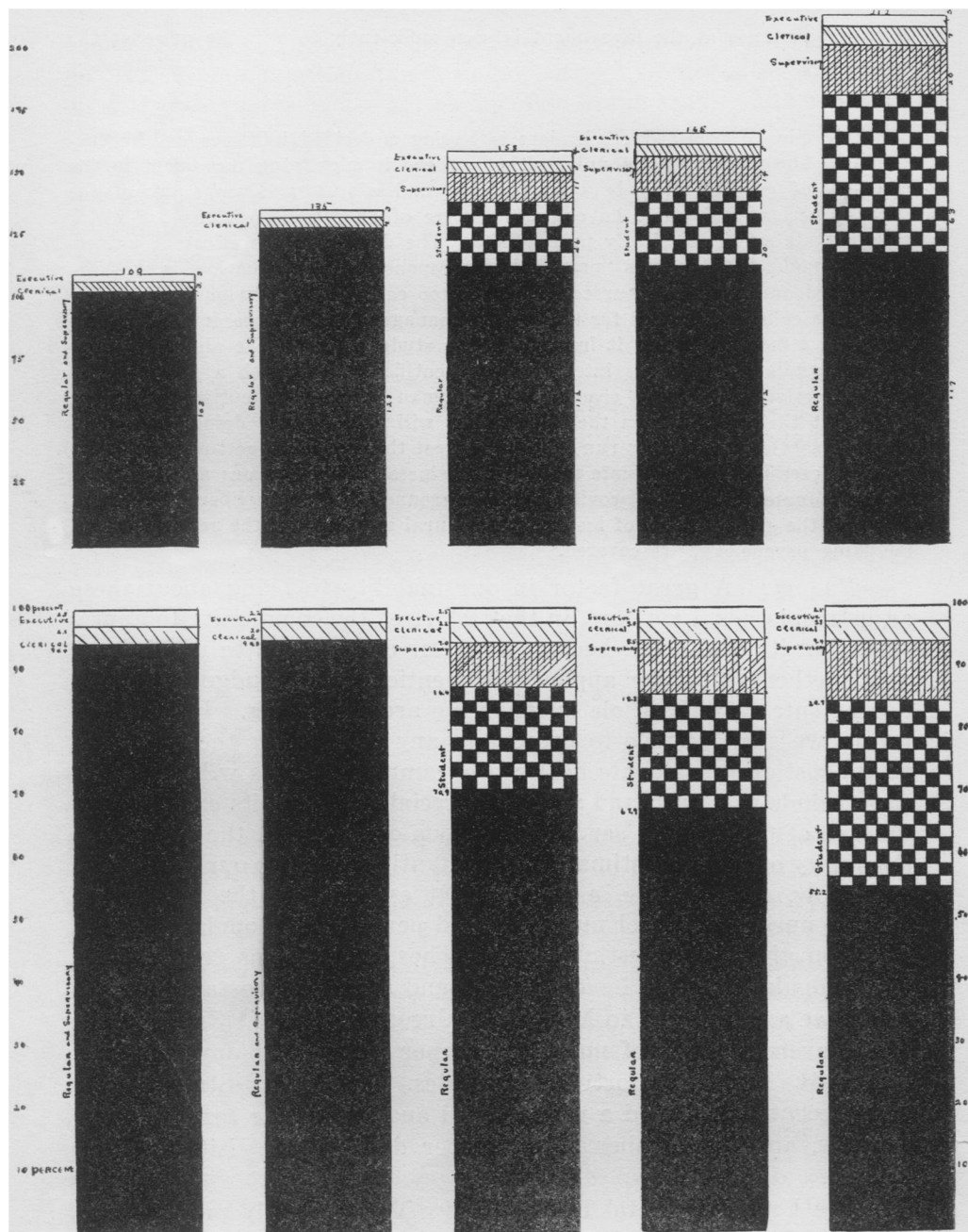
Lastly:

The demand for business leaders is having a decided influence on the curricula of some colleges and universities. There is a growing movement in the direction of greater unity between business and education, since many of the great American industries have a wide range of executive positions for which college training is practically prerequisite. The danger in the effort of universities to make their courses "practical" in response to this situation, is that the specialized and technical courses will begin too early in the student's life. The value of a college education for the modern manager is not in the detailed knowledge about industry which it imparts to the student, but in the ability it gives him to handle all problems intelligently, scientifically and with a proper sense of perspective as between economic and human values. Executives who seek to recruit their staffs from the universities will therefore be doing themselves the best service in the long run if they interest themselves in getting good technical courses into the graduate schools of business administration; and leave the undergraduate schools to provide the background of a truly liberal education in which the general fields of history, the natural sciences and the social sciences, including psychology, are covered.³

Budget: A great factor in our inability to bring about these adjustments lies, I am sure, in the failure of the community to appreciate that its health has become a matter of business, to which business methods must be applied. I mentioned the budget as being fundamental to this whole question we are discussing. In the near future we shall be able to present to any community the exact per capita cost of an adequate health programme, and this will, of necessity, include as a part, and a very appreciable part of its expenditure, the cost of the nursing service. Various evidences of the increasing possibility of such an estimate are constantly coming to our desk. We have now, for example, a fairly exact estimate of the number of district nurses or school nurses needed per 100,000 population. Dr. Emerson gives us an estimate of five hospital beds as required per 1,000 population. We have a figure, and a most important one, for which we are indebted to Miss E. A. Greener of Mount Sinai, of the actual average hours of nursing care per patient per day in a hospital,—five hours and forty-nine minutes. The Henry Street Settlement recently published a very careful analysis of the cost per visit, per day, and the number of visits per day of the Visiting Nurse Service.

The United Hospital Fund of New York recently presented an analysis of the per capita cost per day of the patients in the hospitals under their jurisdiction in New York City.

³ Tead & Metcalf—Influence of the Demand for Business Leaders on the Colleges, etc.



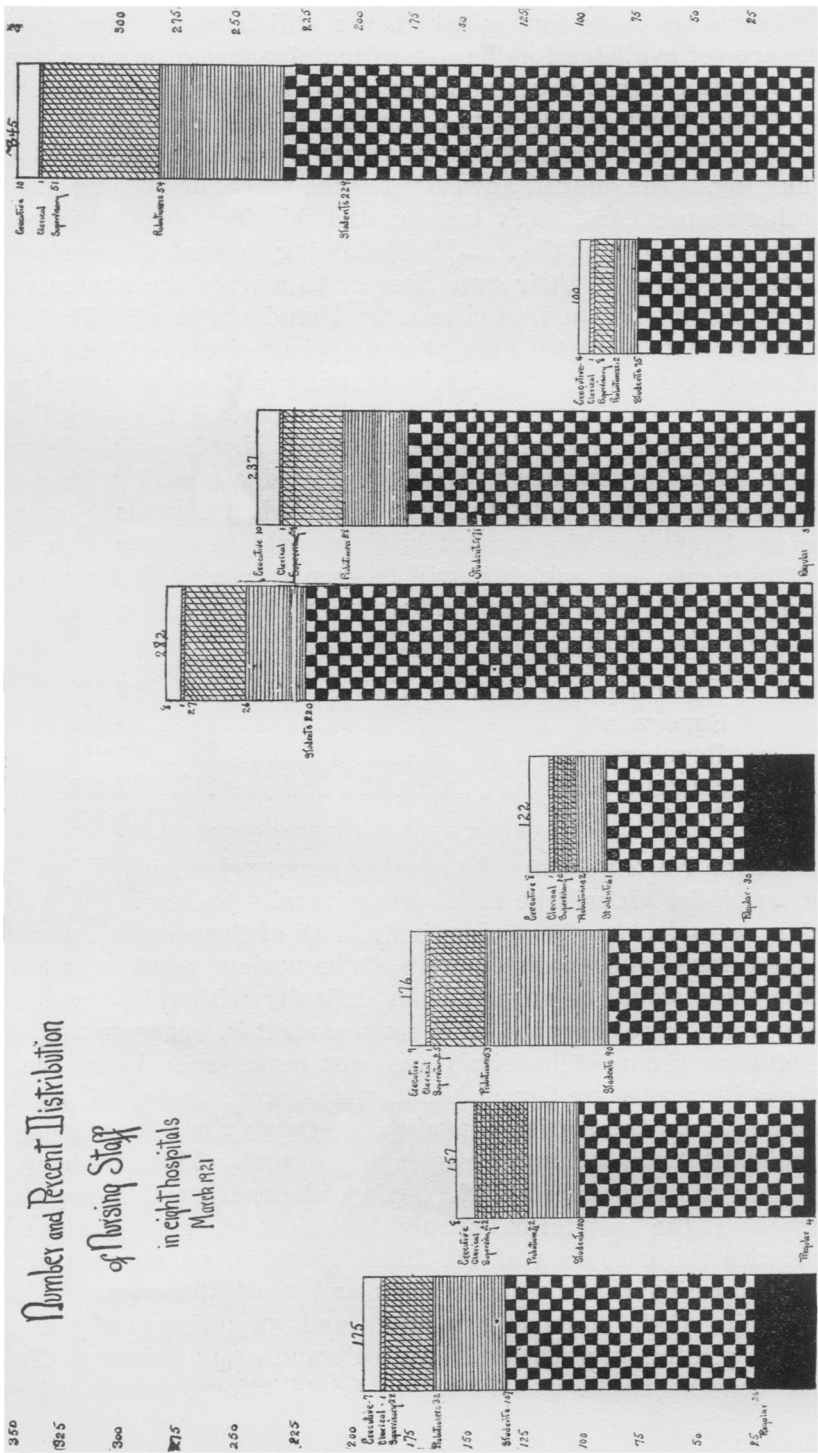
Graph 1—Henry Street Organization.

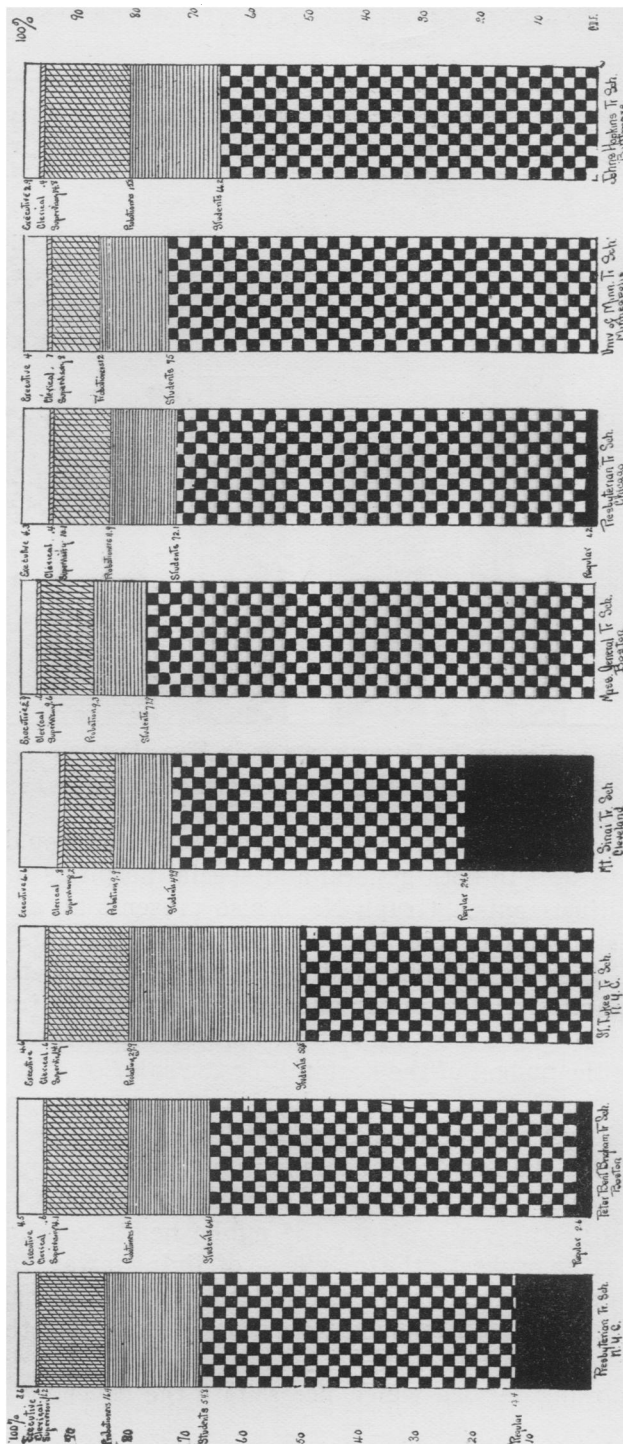
Key: Clear white, Executive; Slanting black lines, Clerical; Crossbarred, Supervisory; Checkered, Student; Solid black, regular force.

There are some figures which are still lacking. For instance, none are yet available for the cost of maintenance of a nurse per day in a hospital. That figure and that of the salaries, together with the time study, would enable us to determine quite accurately the proportion of the daily per capita cost of patients which should be allocated to nursing. The budget, however, for the school of nursing has been in other respects singularly lacking, and this fact plays an important part in the failure of the schools of nursing to meet the needs of the community through their graduates or to attract the students from higher institutions, or indeed to attract students at all. The graphs accompanying this paper present a very clear picture of the situation. The visiting nursing organization coming into existence after the graduate nurse had appeared in the field undertook the work through a graduate staff. As will be noted, Graph No. 1, which shows the Henry Street organization, presents a graduate staff with a small administrative staff until the year 1917, when a student body was projected into it. The student body brought at once a supervisory staff into existence, which it will be seen increased in almost direct ratio to the increase in the student body until we have in 1920 the following distribution:

Executive	2.5%
Supervisory	9.4%
Regular Staff	55.2%
Student Body	29.4%
Clerical Staff	3.5%

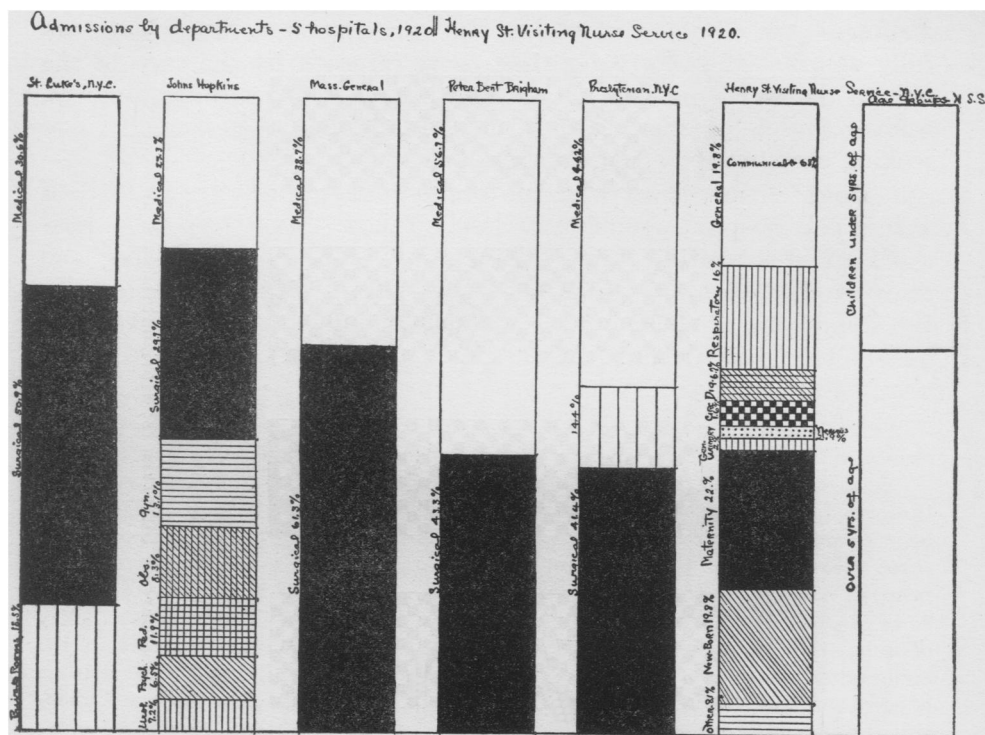
Graph No. 2 presents the nursing personnel of eight of our leading hospitals. It will be noted that virtually the entire care of the sick is dependent on the student body in all of these eight institutions. If there were an even distribution of the various services in the hospitals there would be no particular difficulty with this, provided the supervision were adequate, as in some cases it is, but the study of any hospital or group of hospitals does not reveal such to be the case. This is illustrated by Graph No. 3, which presents as well as can be obtained from the statistics available through the annual reports of these institutions the number and type of cases. This graph presents not only the impossibility of a balanced experience in the various services, if the hospital is entirely dependent upon the student body, but, with the exception of the Johns Hopkins, an absence of those diseases which are most prevalent and most disastrous from the standpoint of the community's health and well-being; namely, tuberculosis, mental, venereal and even communicable diseases. To provide such experience would necessitate affiliations, and in order that





Graph 2—The Nursing Personnel of Eight Hospitals.

Key: Clear white, Executive; Slanting black lines, Clerical; Crossbarred, Supervisors; Horizontal black lines, Probationers; Checkered, Students; Solid black, Regular staff.



Graph 3—Admissions by Departments in in Five Hospitals.

Key: Clear white, Medical; Solid black, Surgical; other markings as indicated.

the period for such experience should be properly limited would necessitate a graduate staff in both general and special hospitals to insure the necessary adjustments. Graph No. 3 also presents an analysis of the morbidity statistics of the 30,000 cases under the care of the Visiting Nurse Service administered by Henry Street Settlement. This analysis emphasizes the importance of the experience in obstetrics and pediatrics. The most important readjustment, therefore, is the provision in the budget of the hospital for the salaries of a staff of graduate nurses for the actual care of the sick. I am well aware that the immediate retort will be that these graduate nurses are not obtainable, to which I shall reply that this is in no small measure due to the failure to make the institutional service as attractive to the graduate nurses as the various types of public health nursing have become. The 44-hour week, the privilege of living away from the institution with all the freedom from regulations and responsibilities that this implies explains, I am sure, to a very great extent the preference for the public health field. Certainly the physical demands of a visiting nursing service which necessitate the covering of long

distances, the climbing of stairs, the carrying of a heavy bag, are fully as great if not greater than those imposed by the care of the sick in the wards of a hospital. Yet nurses in increasing numbers, women highly qualified both professionally and educationally, are seeking enrollment in such service.

There is no reason why the regulations for the graduate staff within the hospital should not closely follow those that obtain for the staff of a visiting nurse organization. The hours of labor and the period of vacation which have been shown to be advisable from the standpoint of efficiency for workers in industry should certainly be adopted by the health institutions of the country. Experts in the administration of industries say as follows:

The ten-hour day has generally given way to the eight; and there is every reason to believe that the six-hour day will soon prove still more economical.

Two weeks is the minimum period in which any thorough physical recuperation can take place; and a longer time would be preferable. It will, therefore, be desirable to grant employees who have been in service longer than two or three years a longer holiday. But to make any vacation a contingent of "good behavior" is like making sleep or three meals a day a reward; in reality all are demanded by the dictates of sound hygiene. The federal government's policy of a month's vacation a year, which applies to all its manual workers in the civil service, may seem at present to be a policy of undue liberality; yet it is an enlightened and humane policy which reflects in improved health, work and goodwill throughout the year.⁴

In concluding, perhaps I could not do better than to indicate certain immediate steps which might be taken to bring about this end of such great importance, I am sure, to every community. It is obviously impossible for us to find anywhere a new field to enter. An opportunity to enter a community with a free hand of course is not before us, but I am quite certain that almost unconsciously we have embarked on this Central School project. More and more we find the instructor who is going from school to school. In every community we will find an ever closer relationship, I think, between the staffs of the various schools of nursing. Affiliations for the various services are increasing and the University schools will effect even greater changes.

If I were to go into a community today to take charge of a school of nursing, my first effort would be, I am sure, to bring together the staffs of the various schools in the community to discuss the possibility of a centralization of at least the work in the preliminary course. Then I should seek to interest in the further centralization the nurses in the community who were engaged in other phases of work, such as hospital social service, visiting nursing, etc. Above all, I should

⁴ Tead & Metcalf, "Personnel Administration," pages 175, 179-180.

at once try to enlist the interest of the women of the community who had given evidence of leadership. If, a few years ago, anyone had told us that the women of New York State in 1921 would have the voting power, I do not believe that we would have for one moment accepted it. The work that the women in New York State accomplished is definite evidence of ability, acumen and leadership and we should corral this power for our great cause.

I believe that if we could secure their interest and assistance, we would be astonished at what could be achieved, and in the near, not the remote future, for ours is preëminently a woman's problem. Our men, many of them, have already all the burden they can carry, but there are, I am sure, many hundreds of women who could give time and effective thought to our problems, and through them we should find our answer.

R. H. Tawney, author of "The Acquisitive Society," has said that if the energy devoted to the protection of private property were expended on the abolishment of prevalent diseases, every town in England could not only be healthy, but beautiful. And some years ago, Tolstoi, asking What is Art, wrote as follows:

If even a tenth of the force which is now spent on questions of pure curiosity and practical application were expended on true science, which perfects human life, then more than half of the sick would not have the illnesses which in a very small minority of cases are cured in the clinics and hospitals; there would not be bred in our factories a race of stunted, withered children; there would not be, as now, a death rate of fifty out of every hundred children; there would not be a degeneration of whole generations; there would be no prostitution, or the diseases which follow from it; there would no longer be the murder of hundreds of thousands in wars; there would not be those horrors of madness and suffering which our present science considers as a necessary condition of human life.⁵

⁵ Leo N. Tolstoi, "What Is Art?" pages 290-291.

Note.—The writer wishes to acknowledge with gratitude the work done by Miss French and Miss Curran in preparing the graphs which accompany this article.

DEVELOPMENT OF A NURSING SERVICE IN BRAZIL

As a natural outgrowth of the public health programme in Brazil the National Department of Health is planning to develop a Brazilian nursing service. As a part of this plan, Mrs. Ethel Parsons went to Rio de Janeiro in August to have charge of the organization of the work. The plans have now been extended to include a nurse training school. Louise Kieninger, Superintendent of Christ's Hospital, Topeka, Kansas, has been selected for the position of Superintendent of Nurses and Director of the Training School in a new government hospital now under construction in Rio de Janeiro. Miss Kieninger sailed for Brazil on February 2. She was accompanied by Louise Pitz, who was formerly at Ancon Hospital, Canal Zone. The plans also include sending several American public health nurses. For these positions Johanna J. Schwarte, Agnes Elizabeth Smith and Marguerite Cunningham are sailing on February 18; Alice Cooper and Anne Shaw in March, and Mrs. Bertie M. Rice in April.